

## SPSO decision report

**Case:** 201300938, A Medical Practice in the Lothian NHS Board area  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** not upheld, no recommendations

### Summary

Mrs C complained about the care and treatment provided to her late daughter (Miss A) by two GPs at the practice. Miss A was 14 months old when she became ill with a fever, vomiting and diarrhoea. Mrs C treated her with Calpol (an over-the-counter children's medication, used to treat aches, pains and fever) and tepid baths when her temperature was high. The following day Miss A's condition had not improved so Mrs C contacted the practice, and Miss A was seen twice that day by two different GPs. A viral infection was diagnosed and Mrs C was told to continue the treatment and to introduce ibuprofen (an over-the-counter anti-inflammatory medication). Mrs C asked if her daughter should be admitted to hospital but the GPs did not think there was evidence of a condition that warranted admission at that time. Early the next morning, however, Miss A collapsed. She was taken to hospital by emergency ambulance, but could not be revived. Mrs C also complained that after Miss A's death, one of the GPs involved did not contact the family to discuss the events and despite Mrs C seeing the GP in the local area on occasion, the GP did not speak to her.

Our investigation included taking independent advice from one of our medical advisers, who said that Miss A's symptoms indicated a viral infection, and that this was confirmed by the observations and examinations by the two GPs. Having studied Miss A's clinical records, the adviser said that the care, treatment and advice provided by the two GPs was reasonable. The post-mortem report on Miss A had confirmed the presence of a viral infection, and also a bacterial infection. Our adviser explained that this can occur when a patient's system has been weakened by a viral infection, that it was not something that the GPs could have foreseen, and there was no evidence of it when they saw Miss A. Such infections can progress very quickly and cause organ failure and death in a short time. A consultant paediatrician, who reviewed the case and the post mortem report for the board, had said that even had Miss A been admitted to hospital, the outcome would be unlikely to have been any different, and our adviser agreed with this view.

On the matter of communication, one of the GPs involved said in response to the complaint that he had personally wished to speak to Mrs C and the family after Miss A died, but that the partners in the practice took a joint decision that the other GP involved (who was the practice's senior partner) should visit the family. This visit took place five days after Miss A's death. Having considered this, we took the view that the practice did communicate in a reasonable way with Mrs C at that time.